

EXHIBIT 2

BALLOT**PLEASE COMPLETE THE FOLLOWING:**

SEATON INSURANCE COMPANY DRINKER BIDDLE & REATH LLP DAVID P PRIMACK 1100 N MARKET ST, STE 1000 WILMINGTON, DE 19801-1254	<i>In re W. R. Grace & Co., et al.</i> Case No. 01-01139 (JFK) Class 6 Asbestos PI Claims (Indirect PI Trust Claims)
<p>Please read the instructions accompanying this Ballot before completing the Ballot. Print Clearly.</p> <p>Item 1. PRINCIPAL AMOUNT OF INDIRECT PI TRUST CLAIM. Amount of your claim for voting purposes only: \$1.00.</p> <p>Item 2. VOTE ON THE PLAN. The undersigned Holder of the Indirect PI Trust Claim in the amount set forth in Item 1 hereby votes <u>all</u> of its Claim to (check one box only):</p> <p><input type="checkbox"/> ACCEPT the Plan </p> <p><input type="checkbox"/> REJECT the Plan </p> <p>Please note: If you vote to accept the Plan, you will be deemed to have given the specific releases set forth in Section 8.8.7 of the Plan.</p> <p>Item 3. TELEPHONE NUMBER / AUTHORIZATION</p> <p>Telephone Number:</p> <p>Name of Signatory (if different from claimant):</p> <p>If by Authorized Agent, Title or Agent:</p> <p>Item 4. ACKNOWLEDGEMENTS AND CERTIFICATIONS. By signing and returning this Ballot, you make the following acknowledgements and certifications:</p> <p>(i) I have been provided with a copy of the Plan, the Disclosure Statement, the Exhibit Book, the Voting Procedures, and the exhibits thereto; and</p> <p>(ii) I was the Holder of an Indirect PI Trust Claim, as defined in the Plan, as of the Voting Record Date or I have the authority, under applicable law, to vote to accept or reject the Plan on behalf of a Holder of an Indirect PI Trust Claim as of the Voting Record Date.</p> <p>Item 5. SIGNATURE AND DATE:</p> <p>Signature of Claimant or Authorized Agent Date</p> <p>Item 6. ADDRESS CORRECTIONS, IF ANY (PRINT CLEARLY)</p> <p>Name</p> <p>Address 1</p> <p>Address 2</p> <p>City, State and ZIP Code (US)</p>	